

Developing Managers Who Lead – Program Description

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Developing Managers Who Lead- A Results-Based Approach

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THE NEED:

In most parts of the world, the delivery and management of health care has become far more complex than it was one or two decades ago. Instead of one or a few major health care providers, numerous organizations are now stepping in to provide health care. In countries that are decentralizing their health care system, the central government now sets standards and contracts for health services, leaving districts with the responsibility to align stakeholders and plan, budget, and compete for local funds, in addition to delivering health care.

National funds for health are falling farther behind the needs of growing populations, and of the long-term needs of those suffering from HIV/AIDS, tuberculosis, or malaria. With the spread of these pandemics has come the potential for consortiums of health organizations to secure huge sums of disease-specific funds, but also the potential to skew services away from integrated primary health care for men, women, and children. On top of these trends, health care organizations face shifts in client demand, marginalization and displacement of populations, and changes in donor priorities. They encounter growing competition, organizational cutbacks, clinical and technological developments, and more.

To face today's complex challenges, health care organizations not only need the most up-to-date technical knowledge, but they must be timely, flexible, and adaptive. They need managers who can do more than develop and implement routine plans or carry out directives from higher levels. Managers at every organizational level must be able to innovate to meet the needs of their clients. ***They must be able to lead as well as to manage, focusing on the results they want to achieve and developing leadership in others so that together they can reach these results.***

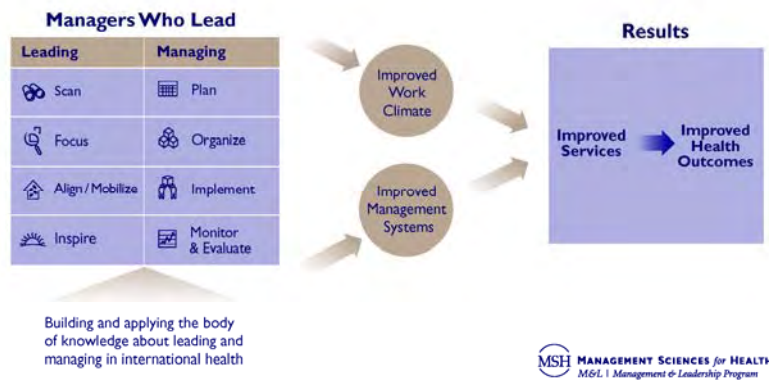
THE MSH APPROACH

At the core of developing the capacity of healthcare managers to lead and manage is the ***belief that the proof of good leadership is in the achievement of measurable improvement in health outcomes through improved service delivery.***

The model below shows how improved management and leadership practices bring about changes in systems and climate, critical contributors to improved services and health outcomes.

Leading & Managing Results Model

How do management and leadership contribute to improved service delivery?



Our approach to leadership development is anchored in the following five principles:

1. **Achieving Results**—Managers who lead enable groups of people to face challenges and achieve results in complex conditions. Results are the true measure of leadership commitment.
2. **Leadership at all levels**—Leading and managing are commitments and practices that can be carried out by people at every level of an organization.
3. **You can learn to lead**—Leadership commitments and practices improve through a process of facing challenges and receiving feedback and support.
4. **A process over time**—Developing managers who lead is a process that takes place over time. This process works best when it is owned by the client organization and addresses critical organizational challenges.
5. **Integrated into organizational systems**—Positive changes in commitments and practices are sustained when they are part of the organization's routine systems.

Our recommended design of a program to initiate leadership strengthening consists of two phases:

Phase One: **Leadership Dialogue and Diagnosis** to build ownership of leadership development and shared understanding of the challenges facing the organization.

Phase Two: **Leadership Workshops** at the client organization to define challenges, develop leadership competencies, and achieve results.

Phase One: Leadership Dialogue and Diagnosis.

This is usually a two day meeting. Its purpose is to help the clients arrive at a collective understanding of their leadership challenges, create a shared vision, and determine the leading and managing practices necessary to achieve results. Participants will be able to assess their own leadership strengths and areas for improvement. The dialogue addresses three core issues:

- 1) The creation of a shared vision within the identified public health system, producing a sentiment of hope that change for the better is possible;
- 2) The alignment and mobilization of resources and energies towards the realization of this vision;

- 3) The thinking and behavioral change that is needed to create a work climate throughout the public health system that inspires people to produce the short term results for long term impact.

At the end of the Leadership Dialogue, we will have helped the client demystify the concept of leadership. It is at this time that the client commits to taking practical steps to improve leadership and tie the improvements directly to service improvements at the level being considered (central, provincial, district in the public sector) or of targeted managers in the organization (in the private sector).

Phase Two: A series of Leadership Workshops.

The second phase usually consists of a series of three or four two-day workshops, each spaced about six weeks apart, with a focus on identifying specific challenges to address and develop the competencies that are needed to achieve desired results. The challenges identified are those that the participants need to overcome to fulfill their mandate or implement their plans. A challenge can also be what a team has to face in order to make a breakthrough, to get unstuck, or to make significant improvements in current performance. Challenges are real and directly or indirectly linked to service improvements (e.g. in Egypt one team of participants took on the challenge of increasing antenatal coverage in the face of poor client impression of clinic services). Each workshop addresses different management and leadership practices and tools that are applied to the challenge and allow participants to move into the direction of desired results and/or remove obstacles.

Challenge, Feedback, and Support. Our programs follow this natural cycle of leadership development. Teams are coached in between workshops and have the opportunity to review their progress with a member of the facilitation team through a constant cycle of feedback and support

Participants are also given the tools and capabilities to transfer their learning back to their teams in their organizations in between each of the workshops.

CRITICAL SUCCESS FACTORS:

- **Commitment:** To be successful, the leadership development process must be owned by the client organization. This is demonstrated by full attention from senior leadership and the commitment of the participants' time, a team of experienced local facilitators, and other local resources.
- **Team results:** Leadership is about leading groups of people to produce results, therefore the development process is team-based and results-oriented. When the participation of teams is not possible (especially in the case of very senior managers), a team spirit is nevertheless created as the group of participants tend to bond into a tight network of people who support one another in their individual development.
- **Time:** We know that leadership capability is not developed in a single event, but must happen over time as people apply what they have learned to address their real organizational challenges and get feedback and support. In order to show organizational results and demonstrate the application of leadership competencies, a two-phase development program is strongly recommended. We have designed our leadership development program upon this foundation that is then adapted to meet the specific needs of our clients.

Traditional	M&L Program
Leadership	
Aimed at top leaders	Aimed at managers at all levels
Focus on individual's leadership skill development	Integrated approach focused on improved services, work climate, systems, and health outcomes
Often reinforces the notion that leaders are "born" (Gandhi, Martin Luther King Jr.)	Skills and competencies that anyone can learn (demystify leadership)
Leadership transition: attention, if any, is given only to the top levels	Transition preparation at all levels ("the leadership engine")
Often "one-off," off-site workshops	Modularized and facilitated process over time at clients' workplaces
Often separated from the work environment, and unconnected to specific organizational or management challenges	Connected to the work environment, to work group or team, and <u>real</u> organizational challenges the client is facing in the workplace

WHAT PARTICIPANTS OF OUR LEADERSHIP DEVELOPMENT PROGRAMS SAY:

"The Leadership Development Program of Egypt made me focus. Yes, the problem is there, I select it as a challenge, and deal with it. I identify the steps of the plan, which I can follow, and then I start to align and mobilize, monitor and inspire the people. Thank God, we have benefited from this and achieved good results. This project encouraged me to try to overcome the challenge and achieve results." –Dr. Suheir Tawfik, Family Planning Manager, Aswan Health District, Egypt

"The program has served to sensitize us to whatever little thing that happens in the health unit: when someone asks us something we don't stay seated, we help that person; everyone collaborates." "We form a team to go to support the health post." "We no longer function as islands as we were before." "We have improved the communication in our team with the purpose of solving problems together."—participants from the MOH municipal level Leadership Development Program, Nicaragua

"Before the program, I lacked skills in negotiation and mobilization... [This program—Leadership Capacity Strengthening Program (LCSP) For the Ministry of Health] has really helped me to know how to act with someone I don't know."—Regional Director who negotiated the successful implementation of an HIV/AIDS program in his region, Guinea

"The most important achievement we have had is in the reduction of perinatal mortality and this was achieved as a result of various actions. For example, we managed to construct in record time a maternity waiting home where we involved the general public and MOH workers and we also had to sensitize municipal directors to use the waiting room, and all this has to do with the mix of the quality program (QAP) and the leadership development program (LDP) with organizational climate, the leadership of municipal directors and working together in teams."—participant from the SILAIS level (health region) Leadership Development Program, Nicaragua.

"What I loved was that it is a continuous training; people took part of the training and went to practice it, then they met to get feedback before receiving training on another part." –Dr. Ayman, Director of Health, MOHP, Aswan Governorate, Egypt

"I know that this can bring something to my country. I have total confidence in the change it can bring about."

“I am ready to implement this program so that I can enroll my colleagues in this program in order to improve the health of the population.” “If we are lucky enough to have this training in every region, we will change the philosophy of the health system.”

—participants of the Leadership Capacity Strengthening Program, Guinea

***“This program is changing my life.”*—participant in the Leading for Results program, Kenya**

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